

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012368

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 92

DO NOT WRITE
ON THIS STUB

AMENDED

FILED APR 15 1963

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LIVINGSTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CHILLICOTHE		c. CITY OR TOWN CHILLICOTHE	
Length of stay in 1b 4 YEARS		Inside Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 330 MANSUR ST.		d. STREET ADDRESS (If outside, give location) 330 MANSUR ST.	
Inside Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First CHARLOTTE	Middle MABLE	Last COBURN	4. DATE OF DEATH	Month APRIL	Day 5	Year 1963
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/14/1893	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR. Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) SULLIVAN CO., MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME THOMAS BENTON WILLIAMS	13b. MOTHER'S MAIDEN NAME MARTHA STONE	14. NAME OF HUSBAND OR WIFE JESSE A. COBURN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT JESSE A. COBURN Address 330 Mansur St. Chillicothe, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured Aortic Aneurysm Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) MYOCARDIAL INSUFFICIENCY DUE TO (c) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 10 min. 2 yr. 6-8 yr.
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION CHILLICOTHE, MISSOURI
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21. I attended the deceased from 5-10-59 to 4-5-63 and last saw her alive on 4-5-63 Death occurred at 10:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. W. Matheny M.D.	22b. ADDRESS Chillicothe, Missouri	22c. DATE SIGNED 4/8/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4/7/63	23c. NAME OF CEMETERY OR CREMATORY RESTHAVEN CEMETERY	23d. LOCATION (City, town, or county) (State) CHILLICOTHE, MISSOURI
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24. FUNERAL DIRECTOR NORMAN FUNERAL HOME: Chillicothe, Mo.	25. DATE RECD. BY LOCAL REG. April 8, 1963	26. REGISTRAR'S SIGNATURE Annaliese Taylor
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10595
205952
3
4 1
5 1
6
7 0
8 2
9451X
10
11
1290-2
13 10

DATE AMENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John P. Rodgers

Licensed Embalmer No. 4963

P. O. Address CHILLICOTHE, MISSOURI

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.